

STATEMENT OF ECONOMIC INTERESTS
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COVER PAGE

Please type or print in ink

| | | | | |
|---|---------|----------|----------|--------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | CITY | DAY PHONE NUMBER |
| O'CONNOR | DAVID | ANTHONY | | (209) 329-1019 |
| MAILING ADDRESS (May be business address) | | CITY | ZIP CODE | OPTIONAL: FAX / E-MAIL ADDRESS |
| 1912 MARIPOSA WAY | | LODI | 95242 | dauidet@pacbell.net |

1. Full Name of Office Sought or Held, Agency or Court:
Lodi City Council

Division, Board, District, if applicable: _____

Position: CITY COUNCIL MEMBER

— If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position Title: _____

2. Jurisdiction of Office (Check one box)

☐ State

☐ County of _____

☒ City of Lodi

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2001, through December 31, 2001.

-or-

☐ The period covered is ____/____/____, through December 31, 2001.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2001, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate

4. Schedule Summary
(Check applicable schedules or "No reportable interests.")

— During the reporting period, did you have any reportable interests to disclose on:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (Greater than 10% Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☒ Yes – schedule attached
Income & Business Positions (Income Other than Loans, Gifts, and Travel)

Schedule D ☒ Yes – schedule attached
Income – Loans

Schedule E ☐ Yes – schedule attached
Income – Gifts

Schedule F ☐ Yes – schedule attached
Income – Travel Payments

-or-

— ☐ No reportable interests on any schedule

Total number of pages completed including this cover page: _____

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 8/9/02
(month, day, year)

Signature David A. O'Connor
(File the originally signed statement with your filing official.)

SCHEDULE C
Income & Business Positions

(Income Other than Loans, Gifts, and
Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

David A. O'Connor

NAME OF SOURCE Lodi Memorial Hospital
ADDRESS 975 S. FAIRMONT
BUSINESS ACTIVITY, IF ANY, OF SOURCE HOSPITAL
YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☒ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE _____
ADDRESS _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE _____
ADDRESS _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

NAME OF SOURCE _____
ADDRESS _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's income ☐ Loan repayment
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D

Income - Loans

(Received or Outstanding)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

David A. O'Connor

> NAME OF LENDER

Wells Fargo Mortgage

ADDRESS

BUSINESS ACTIVITY OF LENDER

☒ Financial Institution

☐ Other

INTEREST RATE

7.0 % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SECURITY FOR LOAN

☐ None

☐ Automobile

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

> NAME OF LENDER

BANK of THE WEST

ADDRESS

P.O. Box 4002 Concord CA 94524

BUSINESS ACTIVITY OF LENDER

☒ Financial Institution

☐ Other

INTEREST RATE

8.49 % ☐ None

TERM (Months/Years)

60 mos.

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SECURITY FOR LOAN

☐ None

☒ Automobile

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

> NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SECURITY FOR LOAN

☐ None

☐ Automobile

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

> NAME OF LENDER

ADDRESS

BUSINESS ACTIVITY OF LENDER

☐ Financial Institution

☐ Other

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SECURITY FOR LOAN

☐ None

☐ Automobile

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments: